

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			<i>12</i>
<b>FORMALITY REVIEW</b>			<i>6/20</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>1/2/20</i>
2	<i>&lt; 07/24/20</i>
3	<i>&lt; 05/03/20</i>
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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